

DATE _____

**Kentucky Department of Education
Division of School and Community Nutrition
In-Service Training Documentation
REGISTRATION FORM**

Name of Institution: _____ Location _____

Training Conducted by: _____

- Topics Covered: ☐ Civil Rights (Mandatory)
(Check all that apply) ☐ Meal Patterns
 ☐ Meal Counts
 ☐ Claim Submission
 ☐ Review Procedures
 ☐ Record Keeping Requirements
 ☐ Reimbursement System
 ☐ Updates from Annual Training
 ☐ _____
 ☐ _____
 ☐ _____

Printed Name	Signature	Title	Site Name
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

**Please add an additional page for more Training Participants*

I certify that the above topics have been discussed with the personnel listed on the date indicated.

Trainer's Signature _____ Date _____

**7 CFR 226.15(e), 7 CFR 226.16(d)(2-3) and FNS 113-1*